

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 10/69970S

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
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25	1					
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36						
37						
38						
39						
40	1					
41	1					
42	1					
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	11	1	4	1		
TOTAL DEP.	16	1	3	1		
TOTAL CLAIMS	28	1	7	1		

CLAIMS	IND	DEP	IND	DEP	IND	DEP
51	1					
52	1					
53						
54						
55						
56						
57						
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59						
60						
61						
62						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY